

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10578277

Filing Date

Applicant(s) **Harald Fink**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2		1					52					
3		2					53					
4		(1)					54					
5		(1)					55					
6		(1)					56					
7		(1)					57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1			0		0						
Total Depend		7		0		0						
Total Claims	8			0		0						